Factors Influencing the Participation of the Elderly in Strong Elderly Club, Nakhon Ratchasima Province, Thailand

Sutham Nanthamongkolchai* Siriporn Ketthanang**
Kanitha Chumroonsawasdi* Wirin Kittipichai*

ABSTRACT

The objective of this cross-sectional research was to study factors influencing the participation of the elderly in strong elderly club. The subjects were 350 elderly in Nakhon Ratchasima Province. The data were collected by interview questionnaire during June 15 to August 15, 2006 and analyzed by frequency, percentage, mean, standard deviation, Pearson product moment correlation coefficient, and Stepwise multiple regression. Results revealed that 57.1% of elderly had low level of participation in the strong elderly club whereas 28.6% and 14.3% participated with the medium and low level respectively. The factors that were statistical significant (*p-value* < 0.05) influencing the participation of elderly in strong elderly club were, club membership privileges, perception of health condition, social support, and age. In addition, the club membership privileges, perception of health condition, social support and age could significantly predict the participation of elderly in the elderly club by 39.0% with the highest predictive power was club membership privileges.

The study suggests that the Elderly Club Committee should widely advertise the privileges of club membership to encourage family and community to support the elderly to participate in elderly club.

Key words: Participation of the elderly, strong elderly club, club membership privileges

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Correspondence: Associate Professor Dr. Sutham Nanthamongkolchai, Department of Family Health, Faculty of Public Health, Mahidol University, Bangkok 10400, Thailand.

* Department of Family Health, Faculty of Public Health, Mahidol University

** Health Center Office Nakhon Ratchasima Province

Introduction

The ratio of elderly populations in the world has been changing rapidly since 1950 when the total amount of elderly people were 8% and became 10% in 2000. It was expected that in the next 50 years or in 2050, the amount of this group would be 21%[1]. In Thailand, the ratio of elderly people has been changing rapidly as well from 4.6% in 1960 to 9% and 10% in 2000 and 2005 respectively[2] and it would be 21% in 2020[3]. Such changing ratio of elderly people had greatly impact on national economy, society, medicine and public health as well as culture. This was obviously seen in the population report regarding elderly people done in 2002 and 2007[4] that, in part of health condition, 39.9% of elderly people had good health, 30% had very good health, and 22.1% were unhealthy. The top 5 diseases or symptoms of the elderly people were muscle sprain and back pain (75.1%), degenerative joint disease (47.5%), sleeplessness (38.7%), dizziness (36.85), and optical diseases (33.2%). Illness of the elderly people were partly due to the functional decline of health; meanwhile, elderly people were more dependent situation. The Government concerned much about these problems and established many policies and measures to solve and serve elderly people' needs. In 2005, the Ministry of Public Health launched a policy to develop the caring system for elderly people in 3 main issues: 1) setting up the elderly clinic in hospital under the supervision of the Ministry of Public Health. 2) allocating health officers to take care of deformed elderly people who cannot walk. 3) supporting the establishment of elderly clubs around the country[4-5] to promote physical and mental health, promote the activities among them, and add the value of life. At present, there are 5,000 elderly clubs with more than 3 million members around the country. The Government also determined that there should have at least one elderly club in each sub-district by the year 2006. These elderly clubs were established for the elderly in communities to improve the quality of life and be the valuable persons for the community because in the past these elderly people were considered as a burden or "receiver" of the society so the people overlook them. In fact the elderly may be the "contributor" of the society, as a senior citizen, they were full of experiences, worthy and stand as valuable resources especially in culture, tradition, moral and ethical knowledge.

According to the study of Siripanich B et al[6] which surveyed the elderly clubs around the country, found only 30% of these clubs had constantly performed activities which were successful clubs. The study also stated that the factor to the achievement of the club was elderly who were club members while other factors were less important. This is confirmed that the government took major role in establishing the elderly clubs, but the stability and sustainability were depend on the operating mechanism of the elderly club members and club leaders since the elderly club was a public organization administered by its member to serve all needs of members. In addition, the members should recognize that the clubs were their own properties, the government bodies will act as supporters to attain the club establishment only.

Nakhon Ratchasima Province has evaluated the potential of elderly clubs based on the criteria set by the Department of Health, Ministry of Public Health, Thailand. Such evaluation criteria consisted of 5 aspects: club establishment, committee election, rules and regulation setting, capital gathering, and activity participation. Elderly club that passed the evaluation criteria was considered and called as strong elderly club; there are now 27 strong elderly clubs with 21,874 members[7]. In order to activate the solution of elderly people' problems, the researcher was interested to study the participation of elderly people in strong elderly club, and factors influencing the participation in strong elderly club in Nakhon Ratchasima Province by using the PRECEDE-PROCEED Model of Green W and Kreuter WM as a conceptual framework[8]. The results of the study could be implemented to develop elderly club and applied for elderly clubs and other health clubs, which lead to strengthen the development of public health image and community.

Methods

The present study was a cross-sectional survey research. Data were collected by interview questionnaire from June 15 to August 15, 2006. The populations were the elderly people in strong elderly clubs, Nakhon Ratchasima Province. By the survey on August 2005, 27 elderly clubs from 33 districts with 21,874 members have passed the strong elderly club criteria. The samples were the elderly club members who could participate in elderly club activities and should be the member since April 2005 and willing to participate in the study. The subjects should have age not older than 85, had no any severe or chronic illness that disturb the activity participation, and willingly sign on the consent form. The samples were 350 subjects calculated by the formula of average population estimation and selected by the multi - stage sampling. All areas in the Province were divided into 5 areas ; the simple random sampling was used to pick up one elderly club in each area.

The research instrument was an interview questionnaire which consisted of seven parts developed by the researchers. Part I was demographic characteristics, such as gender, age, marital status, education level, and monthly income. Part II determined the perception of health as constructed by Plongthong V[9] with fourteen questions. Part III was twelve items to evaluate the attitude toward the elderly club constructed by researchers. Part IV determined the elderly club membership privileges as constructed by researchers with ten questions. Part V evaluated the elderly club network or supporting agencies as constructed by researchers with ten questions. Part VI evaluated the social supports by using Schaefer C's concept with ten items[10]. Part VII determined the participation of the elderly in strong elderly club by using concept of Cohen JM and Uphoff T[11] with twenty questions.

The interview questionnaire was assessed by three experts for content validity. Reliability was accomplished with a pretest by pilot study among thirty five elderly with similar characteristics to those of the study population. The

results were analyzed for reliability by using Cronbach's alpha coefficient. The reliability values of questionnaire were as follows: perception of health = 0.72, attitude toward the elderly club = 0.76, social support = 0.84, elderly club membership privileges = 0.72, and participation of the elderly in strong elderly club = 0.90.

Data were analyzed by frequency, percentage, mean, and standard deviation was used for general characteristic of samples and Pearson product moment correlation coefficient was used to find the factors that related to the participation of the elderly in strong elderly club. Stepwise multiple regressions was also used to determine the best factors that predict the participation of the elderly in strong elderly club. The p-value of less than 0.05 was considered as statistical significant. The research proposal was reviewed and approved by The Committee on Human Rights Related to human Experimentation, Mahidol University, Bangkok: No. MU2006-095.

Results

General information of the elderly

The study found that two thirds of samples (65.1%) were female and the elderly in each group had similar ages. Most elderly (78.3%) completed Prathomsuksa 4 or lower. About 71.7% had income less than 3,001 baht per month. More than half of elderly (68%) had good perception for their health. About 89.4% of the elderly had good attitude toward the elderly club at a high level. About 69.1% of samples had scores in the perception of elderly club membership privilege at the medium level. Two thirds of the elderly had scores in knowing the elderly club network or supporting agencies at the medium level. In addition, most elderly or 81.4% received high social supports.

Participation of elderly in the strong elderly club

More than half of the elderly (57.1%) participated at the low level whereas 28.6% and 14.3% participated at the medium level and high level respectively (Table 1).

Table 1 Number and percentage of samples classified by the level of participation in elderly club

Level of participation	Number (n = 350)	Percentage
Low (20-35 scores)	200	57.1
Medium (36-47 scores)	100	28.6
High (48-60 scores)	50	14.3

Regarding the participation in each aspect, it was found that strong elderly club had the highest participation in part of follow-up and evaluation and doing activities. The lowest participation was the planning in doing activities and problem identification and causation respectively.

Correlation between predisposing factors, enabling factors and reinforcing factors, and participation of elderly in the strong elderly club

According to the analysis of correlation between predisposing factors, enabling factors and reinforcing factors to find the participation in strong elderly club by mean of Pearson's product moment correlation coefficient, it was found that age, income, perception of health condition, attitude toward the elderly club, club membership priviledges, establishment of elderly-network or supporting agencies and social supports had correlation with the participation of elderly in strong elderly club (*p-value* <0.05) (Table 2).

Table 2 Correlation coefficient between predisposing factors, reinforcing factors and enabling factors, and participation of elderly in strong elderly club as calculated by Pearson's product moment correlation coefficient (n=350)

Independent Variables	Correlation Coefficient	*p-value*
Age	-0.144	0.007
Income	0.292	<0.001
Perception of health condition	0.266	<0.001
Attitude towards the elderly club	0.144	<0.007
Club membership privileges	0.439	<0.001
Establishment of elderly people network or supporting agencies	0.317	<0.001
Social supports	0.331	<0.001

Factors influencing and predicting participation of elderly in the strong elderly club

The factors significantly influencing and predicting the participation of elderly in strong elderly club (*p-value* <0.05) included club membership priviledges, perception of health condition, social support, and age. These factors were able to predict participation of elderly people in strong elderly club at 39.0%. The factors best predicting participation of elderly people in strong elderly club, by Beta value, were club membership privileges (Beta = 0.373), perception of health condition (Beta = 0.173), social support (Beta = 0.125), and age (Beta = -0.121) (Table 3).

Table 3 Stepwise multiple regression analysis between predictors and participation of elderly people in strong elderly club (n=350)

Predictors	Stepwise multiple regression		
	B	**Beta**	***p-value***
Club membership privileges	0.544	0.373	<0.001
Perception of health condition	0.391	0.173	<0.001
Social Support	0.255	0.125	0.004
Age	-0.195	-0.121	0.006

B_0 = 11.26, R^2 = 0.39, Adj R^2 = 0.37

Discussion

Participation of the elderly in the strong elderly club

Over half of elderly had low participation (57.1%); meanwhile 14.3% had high participation. If considering by each aspect, arranging from high to low participation, the highest was follow-up and evaluation followed by doing activities, planning for activities, and problem identification and causation respectively. Since the population ratio in the samples of the study was different from the national and provincial population ratio due to the selected samples were older than the national survey and the ratio of female elderly was almost 3 times higher than male, and elderly people were in low income group and mostly lived in rural area, which should be the factor of low participation. This result was consistent with the study of Imsombat P[12], Plongthong V[9], and Wongsith M et al[13] which found that 54.8% of elderly people involved in elderly clubs and their participation were low.

Factors influencing and predicting participation of elderly in the strong elderly club

There were 4 factors influencing and predicting the participation of elderly people in strong elderly club which were club membership privileges, perception of health condition, social support, and age of elderly. The factor with the highest predictive power for participation of elderly people in strong elderly club was club membership privileges. The interesting privileges include the social assistance, special service provided by officers, gaining self-esteem, and be more recognized. Along the activity participation, the elderly could talk and share with the same age colleague, having someone understanding their feeling, not feel lonely, and improve their health. These all privileges had an influence on the participation of elderly people in the elderly club, which was congruent with the finding of Imsombat P[12] that stated the elderly club membership privilege had correlation with the participation in elderly club.

Perception of health condition had an influence on the participation of elderly in the elderly club. Pender NJ[14] stated that the perception of health condition was one factor related to the frequency and intent to form the health promotion behavior. The different health condition could differentiate the participation of elderly people in the elderly club. In additional discussion with the samples, elderly clubs were first established by the formation the elderly groups which were those who recognized the important of health, the elderly who seek health consultation, the elderly who want to talk with doctors and health personnel, those who want to the share the experiences. Therefore, the activities in the elderly clubs were deal with health promotion and spiritual relation, and the involved elderly were those who recognize the important of health. This result was consistent with Imsombat P[12], Plongthong V[9], and Vongsith M et al[13] that showed the perception of health condition were correlated with the participation in elderly club.

Social supports had an influence on the participation of elderly in strong elderly club. This could be explained that the elderly people were the dependence aged, having care and providing, daily life expenditure support including beneficial information by the family, these could fill up the self-esteem, encourage them to work for the community and be involved in club activities which lead to better quality of life[15]. This was consistent with the studies of Bowling A[16] that found the social supports had correlation with participation in elderly club.

Age had a negative correlation with the participation of the very old elderly people. Elderly people had natural physical decline and were less active; so they had a high level of dependence and had less opportunities to participate in club activities. This result was consistent with study of Plongthong V[9], Vongsith M et al[13] that found the age of elderly had correlation with the participation of elderly club.

In the study, factors predicting the participation of elderly people in the strong elderly club consisted of club membership privileges, perception of health condition, social supports and age. So the suggestions from the study were as follows :

1. Club membership privilege was the variable with best predicting the participation of elderly people in the strong elderly club. Therefore, the agencies responsible for the operation of strong elderly club should carry on widely publicize the available privileges to all elderly people. So these could satisfy the members and encourage them to be more involved.

2. The female elderly had less participation than male. Therefore, the researcher proposed that the strong elderly club should set the strategies to attract more female elderly to involve in elderly club by arranging activities attracting those female elderly such as income-added activities, and provide them more information to form strength and confidence.

3. The study found that many elderly clubs have been established but few elderly were involved. However, these clubs are still important

for elderly who recognized them as a channel of sharing and learning between the government sector and elderly people. Therefore, the elderly clubs should be further promoted and supported in every area while all related parties should be informed about the important of these clubs.

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ปัจจัยที่มีอิทธิพลต่อการมีส่วนร่วมของผู้สูงอายุในชมรมผู้สูงอายุที่เข้มแข็ง จังหวัดนครราชสีมา ประเทศไทย

สุธรรม นันทมงคลชัย* ศิริพร เกษธนัง**
กนิษฐา จำรูญสวัสดิ์* วิริณธิ์ กิตติพิชัย*

บทคัดย่อ

การศึกษาครั้งนี้เป็นการวิจัยเชิงสำรวจภาคตัดขวาง เพื่อศึกษาปัจจัยที่มีอิทธิพลต่อการมีส่วนร่วมของผู้สูงอายุในชมรมผู้สูงอายุที่เข้มแข็ง จังหวัดนครราชสีมา กลุ่มตัวอย่างที่ศึกษาคือ ผู้สูงอายุที่เป็นสมาชิกชมรมผู้สูงอายุที่เข้มแข็ง ในจังหวัดนครราชสีมา จำนวน 350 คน เลือกกลุ่มตัวอย่างโดยวิธีการสุ่มแบบหลายขั้นตอน เก็บข้อมูลโดยวิธีการสัมภาษณ์ ระหว่างวันที่ 15 มิถุนายน ถึงวันที่ 15 สิงหาคม 2549 วิเคราะห์ข้อมูลโดยใช้ความถี่ร้อยละ ค่าเฉลี่ย ค่าเบี่ยงเบนมาตรฐาน สัมประสิทธิ์สหสัมพันธ์ของเพียร์สันและการวิเคราะห์ถดถอยพหุคูณแบบมีขั้นตอน ผลการศึกษาพบว่า ผู้สูงอายุร้อยละ 57.1 มีส่วนร่วมในระดับต่ำ ร้อยละ 28.6 มีส่วนร่วมในระดับปานกลาง ร้อยละ 14.3 มีส่วนร่วมในระดับสูง ปัจจัยที่มีอิทธิพลและสามารถทำนายการมีส่วนร่วมของผู้สูงอายุในชมรมผู้สูงอายุที่เข้มแข็ง อย่างมีนัยสำคัญทางสถิติ ($p\text{-value} < 0.05$) ได้แก่ สิทธิประโยชน์ที่ได้รับจากการเป็นสมาชิกชมรม การรับรู้ภาวะสุขภาพ แรงสนับสนุนทางสังคม และอายุ ซึ่งสามารถร่วมทำนายการมีส่วนร่วมในชมรมผู้สูงอายุที่เข้มแข็ง ได้ร้อยละ 39.0 และสิทธิประโยชน์ที่ได้รับจากการเป็นสมาชิกชมรมสามารถร่วมทำนายได้สูงสุด

จากผลการศึกษามีข้อเสนอแนะผู้รับผิดชอบในการดำเนินงานชมรมผู้สูงอายุให้มีการประชาสัมพันธ์ถึงสิทธิประโยชน์ที่ได้รับจากการเป็นสมาชิกชมรมอย่างทั่วถึง รวมถึงส่งเสริมให้ครอบครัวและชุมชนสนับสนุนให้ผู้สูงอายุมีส่วนร่วมในชมรมผู้สูงอายุมากขึ้น

คำสำคัญ: การมีส่วนร่วมของผู้สูงอายุ, ชมรมผู้สูงอายุที่เข้มแข็ง, สิทธิประโยชน์ที่ได้รับจากการเป็นสมาชิกชมรม

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* ภาควิชาอนามัยครอบครัว คณะสาธารณสุขศาสตร์ มหาวิทยาลัยมหิดล

** สำนักงานสาธารณสุข จังหวัดนครราชสีมา